

Note: This is a sample
template, it is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1**Carrier Identification Information**

Parent Company Name

Service Provider Name

CHEQUAMEGON TELEPHONE COOPERATIVE, INC.

Company Address, City, State, Zip

PO BOX 67

CABLE WI 54821

Service Provider Type

Wireless

Wireline

X

Name(s) of Wireless License Holder(s)

Contact Name

DAN ANDERSON

Contact Tel #

715-798-3303

Fax #

715-798-3044

E-mail Address

danderson@cheqtel.com

Section 2**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

BAYFIELD WI

MAR-05-2002 13:26

INTERSTATE TELCOM CONSUL

320 848 2466 P.09/10

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

THE 911 CALLS ARE ROUTED TO THE BAYFIELD COUNTY SHERIFF'S DEPARTMENT
LOCATED IN WASHBURN WI.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

NONE

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 1985?

Signature

Dave Carter

Printed name of authorized representative DAVE CARTER

Title GENERAL MANAGER

Date 3-11-02

This filing is:

☒ original filing☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER
TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.